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0010/PTO  
Rev. 6/95

U.S. Department of Commerce  
Patent and Trademark Office

## DECLARATION

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted After Initial Filing

Attorney Docket Number

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Sterilisible Composite Film

the specification of which

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY) as PCT International Application

Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 56

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
98811232.2	Europe	12/16/1998	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below

Application Number(s)

Filing Date (MM/DD/YYYY)



Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

## DECLARATION

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I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations 1.56 which became available between the filing date of the prior application and the national or PCT filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Firm Name	<b>Fisher, Christen &amp; Sabol</b>		Payor Number (if applicable)	
Name	Registration Number	Name	Registration Number	
Virgil H. Marsh	23,083			
Kara M. Armstrong	38,234			

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto

☒ Please direct all correspondence to.

Name

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name

Wilfried

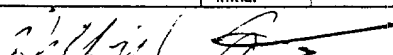
Middle Initial

Family Name

Jud

Suffix

Inventor's Signature



Date

30.11.99

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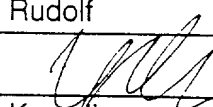
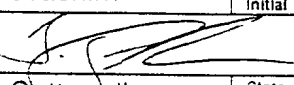
Applicant Authority

☒

Additional inventors are being named on supplemental sheet(s) attached hereto

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Rudolf	Middle Initial		Family Name	Janacek	Suffix	
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City	Kreuzlingen	State		Zip	8280	Country	Switzerl.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
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Inventor's Signature 						Date	30.11.99
Residence: City	Gottmadingen	State		Country	Germany	Citizenship	German
Post Office Address: Im Löhnen 73/1, D-78244 Gottmadingen, Germany							
City	Gottmadingen	State		Zip	78244	Country	Germany
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address:							
City		State		Zip		Country	
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Post Office Address:							
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